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ABSTRACT

A conference on implementing coordinated patient education was held for 45 participants from various health care occupations, including nursing, social work, and dietetics. The morning session of the conference consisted of lectures by patient education directors who described implementation strategies that they have used, as well as continuing administrative problems in patient education and solutions devised to overcome them. In the afternoon session, the conference participants took part in a learning exercise, the force field analysis, which was intended to help the health practitioners examine their own institutions and plan for change in a very practical way, using suggestions of speakers from the morning session. (These proceedings consist of a summary of the conference activities and presentations, a discussion of the results of the conferees' analysis using the force field analysis, an illustration of the force field analysis, edited and straightforward summaries of the participants' work, and a list of members of the New York City Consortium for Patient Education who are available as consultants.) (MN)

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Implementing Coordinated Patient Education

A Practical Approach for the 80's

Proceedings from a conference held
November 12, 1982 at the
Mount Sinai School of Medicine

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for Patient Education

Implementing Coordinated Patient Education:
A Practical Approach for the 80's

PROCEEDINGS FROM A CONFERENCE HELD NOVEMBER 12, 1982
AT THE MOUNT SINAI SCHOOL OF MEDICINE

EDITED BY:

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TABLE OF CONTENTS

PROLOGUE	III
ACKNOWLEDGEMENTS	IV
NEW YORK CITY PATIENT EDUCATION CONSORTIUM	V
CONFERENCE PROGRAM	1
RESULTS OF CONFEREE'S ANALYSIS USING THE FORCE FIELD ANALYSIS	3
INTRODUCTION	3
RESULTS	7
COMMENTS ON POLITICAL FORCES IN AN INSTITUTION	8
ORGANIZATIONAL FORCES	9
PERSONNEL	10
ECONOMIC	11
ILLUSTRATION OF FORCE FIELD ANALYSIS	12
POLITICAL	12
ORGANIZATIONAL	13
PERSONNEL	16
ECONOMIC	16
APPENDIX A - EDITED SUMMARY OF PARTICIPANTS' WORK	18
APPENDIX B - STRAIGHTFORWARD LISTING OF PARTICIPANTS' WORK	28
APPENDIX C - CONSORTIUM MEMBERS AVAILABLE AS CONSULTANTS	40

PROLOGUE

ON NOVEMBER 12, 1982, MOUNT SINAI'S BROOKDALE CENTER FOR CONTINUOUS EDUCATION AND THE NEW YORK CITY PATIENT EDUCATION CONSORTIUM CO-SPONSORED A CONFERENCE ON IMPLEMENTING COORDINATED PATIENT EDUCATION. THIS CONFERENCE WAS THE THIRD CONFERENCE TO BE DEVELOPED BY THE NEW YORK CITY PATIENT EDUCATION CONSORITUM, AND ADDRESSED THE VERY SPECIFIC TOPIC OF IMPLEMENTATION (I.E., ORGANIZATIONAL AND ADMINISTRATIVE STRATEGIES TO BEGIN OR IMPROVE COORDINATED PATIENT EDUCATION).

THE AUDIENCE WAS COMPOSED OF NURSES, SOCIAL WORKERS, AND DIETITIANS WHO WERE INTERESTED IN IMPLEMENTING COORDINATED PATIENT EDUCATION. ALSO, VARIOUS LEVELS OF RESPONSIBILITY WERE REFLECTED IN THE AUDIENCE MAKEUP WITH NURSING SUPERVISORS, DIRECTORS OF PATIENT EDUCATION, STAFF NURSES, DIETITIANS AND SOCIAL WORKERS IN ATTENDANCE. LASTLY, SEVERAL INSTITUTIONS SENT TEAMS OF HEALTH PROFESSIONALS TO THE CONFERENCE IN ANTICIPATION OF IMPLEMENTING COORDINATED, MULTI-DISCIPLINARY PATIENT EDUCATION. TOTAL NUMBER OF PAID ATTENDEES WAS 45.

THE CONFERENCE MORNING SESSION CONSISTED OF LECTURES BY PATIENT EDUCATION DIRECTORS WHO DESCRIBED IMPLEMENTATION STRATEGIES THEY HAVE USED AND THEIR CONTINUING ADMINISTRATIVE PROBLEMS AND SOLUTIONS. THEY ALSO GAVE BRIEF PROFILES OF THEIR PROGRAMS. A DISTINGUISHED PANEL COMMENTED UPON THE STRATEGIES FOR IMPLEMENTATION, AND THE AUDIENCE PARTICIPATED BY MAKING COMMENTS OR ASKING QUESTIONS.

AN IMPORTANT LEARNING EXERCISE ABOUT IMPLEMENTATION OFFERED TO PARTICIPANTS IN THE AFTERNOON SESSION WAS CALLED FORCE FIELD ANALYSIS. THIS TECHNIQUE, ADAPTED FROM KURT LEWIN, WAS INTENDED TO HELP PARTICIPANTS EXAMINE THEIR OWN INSTITUTION AND PLAN IN A VERY PRACTICAL WAY FOR CHANGE USING SUGGESTIONS OF SPEAKERS FROM THE MORNING SESSION. A SYNTHESIS OF THE CONFEREES' WORK BEGINNING ON PAGE 3 AND CONTINUING TO PAGE 12 IS A NARRATIVE THAT REFLECTS THE THINKING OF CONFEREES AFTER THEY USED THE FORCE FIELD ANALYSIS INSTRUMENT TO EXAMINE THEIR OWN INSTITUTION. SINCE MANY OF THE IDEAS THEY DEVELOPED WERE SUGGESTED BY THE MORNING SPEAKERS, THE NARRATIVE SHOULD BE SEEN AS A REFLECTION OF THE WHOLE CONFERENCE, AS THE LEARNING ACCUMULATED FROM MORNING SPEAKERS THEN SYNTHESIZED AND APPLIED BY CONFEREES IN THE AFTERNOON WORKSHOP.

THE PURPOSE OF THE CONFERENCE PROCEEDINGS IS TO ASSIST HEALTH EDUCATORS AND HEALTH EDUCATION DEPARTMENTS ADVANCE THE CONCEPT AND PRACTICE OF HEALTH EDUCATION. THIS REPORT REFLECTS THE WORK OF THE NYC PATIENT EDUCATION CONSORTIUM AND IS A SYNTHESIS OF THE RESULTS GENERATED FROM THE HEALTH EDUCATION CONFERENCE OF NOVEMBER 12, 1982. THE MATERIAL IS NOT AN EXACT TRANSCRIPT OF THE LECTURES GIVEN AT THE CONFERENCE. RATHER IT IS A PARADIGM, A MODEL FOR SOLVING PROBLEMS OF IMPLEMENTING HEALTH EDUCATION PROGRAMS AND SERVICES, AND SHOULD BE USED AS A TOOL FOR PLANNING STRATEGIES TO ADDRESS PROBLEMS. IT IS NOT A FOOL PROOF METHOD FOR PROBLEM SOLVING. BUT IT IS A USEFUL DOCUMENT TO ASSIST IN THE ORGANIZATION OF IDEAS AND DEVELOPMENT OF HEALTH EDUCATION PROGRAMS AND SERVICES THAT ARE REALISTIC.

FOR EXTRA COPIES OF THIS DOCUMENT, SEND A 10'' X 13'' SELF-ADDRESSED, STAMPED ($1.75) ENVELOPE, AND A CHECK FOR $2.00 TO JAMES M. CORRY, PH.D., DIRECTOR, DIVISION OF CONSUMER/PATIENT EDUCATION, MOUNT SINAI SCHOOL OF MEDICINE, ONE GUSTAVE L. LEVY PLACE, NEW YORK, NY 10029. THE CHECK SHOULD BE MADE PAYABLE TO THE BROOKDALE CENTER FOR CONTINUOUS EDUCATION.

ACKNOWLEDGEMENTS

WE WISH TO ACKNOWLEDGE AND SINCERELY THANK DR. SAMUEL ELSTER, DEAN OF THE PAGE AND WILLIAM BLACK POST-GRADUATE SCHOOL, AND DIRECTOR OF THE BROOKDALE CENTER FOR CONTINUOUS EDUCATION, WHO PROVIDED ENCOURAGEMENT AND SUPPORT FOR THE CONFERENCE AND WORK OF THE NEW YORK CITY PAITENT EDUCATION CONSORTIUM. WE ALSO WISH TO THANK MEMBERS OF THE CONSORTIUM WHO WORKED SO DILIGENTLY TO PLAN AND CARRY OUT THE CONFERENCE. MEMBERS OF THE CONSORTIUM AND THEIR ORGANIZATIONS ARE LISTED ON THE NEXT PAGE.

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METROPOLITAN LIFE INSURANCE

IMPLEMENTING COORDINATED PATIENT EDUCATION:

A PRACTICAL APPROACH FOR THE 80's*

P R O G R A M

8:30 AM - 9:00 AM	REGISTRATION
9:00 AM - 9:05 AM	WELCOMING REMARKS James M. Corry, Ph.D., Chairman, New York City Patient Education Consortium and Samuel K. Elster, M.D., Dean, The Page and William Black Post-Graduate School of Medicine and Director, Brookdale Center for Continuous Education, Mount Sinai School of Medicine
9:05 AM - 9:25 AM	PLENARY SESSION Stephanie Lederman, Ed.M., Director of Health Services, American Red Cross of Greater New York; James M. Corry, Ph.D., Director, Division of Consumer/Patient Education, Brookdale Center for Continuous Education, Mount Sinai School of Medicine
9:25 AM - 9:40 AM	PATIENT EDUCATION OFFERED BY THE MONTEFIORE HOSPITAL DEPARTMENT OF NURSING Margaret Robinson, M.S., R.N., Montefiore Hospital, Department of Nursing
9:40 AM - 9:55 AM	COMMENTARY BY AUDIENCE AND PANELISTS Rosemary Murray, M.A., R.N., Director, Mount Sinai Hospital, Division of Continuing Education in Nursing Nicholas Galli, Ph.D., Associate Professor of Health Education, Herbert H. Lehman College, CUNY
9:55 AM - 10:10 AM	PATIENT EDUCATION OFFERED BY THE DIETARY DEPARTMENT, HOSPITAL FOR SPECIAL SURGERY Yvonne Webbe, M.S., R.D., Ambulatory Care Dietitian, Hospital for Special Surgery
10:10 AM - 10:25 AM	COMMENTARY BY AUDIENCE AND PANEL
10:25 AM - 10:40 AM	COFFEE BREAK
10:40 AM - 10:55 AM	PATIENT EDUCATION AND THE PHARMACY DEPARTMENT, MERCY HOSPITAL, ROCKVILLE CENTRE, LONG ISLAND Fred Gordon, Assistant Director of Pharmaceutical Services, Mercy Hospital

*Course has been approved for:
6.5 contact hours by the New York State Nurses Association
6.5 continuing education credits by the American Dietetics Association

PROGRAM

10:55 AM - 11:10 AM	COMMENTARY BY AUDIENCE AND PANEL
11:10 AM - 11:25 AM	MULTI-DISCIPLINARY PATIENT EDUCATION AT HACKENSACK MEDICAL CENTER, HACKENSACK, NEW JERSEY MARTIN G. BLECHMAN, M.D., CHIEF, DIABETES CLINIC, HACKENSACK HOSPITAL SECTION
11:25 AM - 11:40 AM	COMMENTARY BY AUDIENCE AND PANEL
11:40 AM - 11:55 AM	MULTI-DISCIPLINARY PATIENT EDUCATION AT MOUNT SINAI MEDICAL CENTER GINNY WALTHER, M.S.W., SOCIAL WORK SERVICES DEPARTMENT, MOUNT SINAI MEDICAL CENTER
11:55 AM - 12:10 PM	COMMENTARY BY AUDIENCE AND PANEL
12:10 PM - 1:30 PM	LUNCH
1:30 PM - 2:40 PM	WORKSHOP I - IMPLEMENTING COORDINATED PATIENT EDUCATION: USING FORCE - FIELD ANALYSIS TO FOSTER ORGANIZATIONAL CHANGE
ROOM	WORKSHOP LEADER(S)
ANNENBERG 13-20	MARY ELLIS, A.B., M.N., STAFF ASSOCIATE, COMMITTEE ON HEALTH EDUCATION, DIVISION OF VOLUNTARY PROGRAMS, UNITED HOSPITAL FUND
ANNENBERG 13-20	NICHOLAS GALLI, PH.D., ASSOCIATE PROFESSOR, HEALTH EDUCATION, HERBERT H. LEHMAN COLLEGE (CUNY)
ANNENBERG - STERN AUD.	EMILY GLAZER, M.S., HEALTH EDUCATION COORDINATOR, ELDERPLAN, INC.
ANNENBERG - STERN AUD.	MARJORIE GOLDSTEIN, M.P.H., ACTING DIRECTOR OF HEALTH SERVICES, ASSOCIATED YM/YWHA'S OF GREATER NEW YORK
ANNENBERG 20-01	STEPHANIE LEDERMAN, ED.M., DIRECTOR OF HEALTH SERVCIES, AMERICAN RED CROSS IN GREATER NEW YORK
ANNENBERG 20-01	RANDI MOSKOWITZ, R.N., M.S., ADMINISTRATIVE NURSE ONCOLOGIST, BROOKLYN COMMUNITY HOSPITAL ONCOLOGY PROGRAM
ANNENBERG 20-01	LOIS SIEGEL, M.P.H., BUREAU OF HEALTH EDUCATION, NEW YORK CITY DEPARTMENT OF HEALTH
2:40 PM - 2:50 PM	BREAK
2:50 PM - 4:00 PM	WORKSHOP II - PLANNING FOR CHANGE AT YOUR INSTITUTION

RESULTS OF CONFEREES' ANALYSIS USING THE FORCE FIELD ANALYSIS

INTRODUCTION

KURT LEWIN IN 1937 DEVELOPED THE CONCEPT OF ''FIELDS OF FORCES'' TO EXPLAIN THE DYNAMICS ASSOCIATED WITH CHANGE IN INDIVIDUALS AND IN ORGANIZATIONS. LEWIN POSITED THAT SOME PALPABLE, MEASURABLE ''FORCES'' IN INDIVIDUALS AND ORGANIZATIONS DRIVE TOWARD CHANGE (DRIVING FORCES) WHILE OTHERS (RESTRAINING FORCES) PUSH IN OPPOSITION TO STOP CHANGE. THIS RESULTS IN A QUASI-STATIC EQUILIBRIUM THAT CAN BE REDIRECTED BY: 1) STRENGTHENING OR ADDING FORCES IN THE DIRECTION OF CHANGE; 2) REDUCING OR REMOVING SOME OF THE RESTRAINING FORCES; OR 3) CHANGING THE DIRECTION OF ANY FORCE.

AT THE AFTERNOON SESSIONS OF THE NOVEMBER 12TH CONFERENCE, PARTICIPANTS USED AN ADAPTED VERSION OF THE FORCE-FIELD ANALYSIS INSTRUMENT TO IDENTIFY DRIVING AND RESTRAINING FORCES IN THEIR INSTITUTION (SEE FIGURE 1). MANY OF THE FORCES WERE DESCRIBED BY SPEAKERS IN THE MORNING SESSIONS, AND CONFEREES WERE ABLE TO REALIZE THAT THEIR OWN INSTITUTIONS HAD SIMILAR SITUATIONS. ONCE THE PROFILE OF THEIR ''FIELDS OF FORCES'' WAS DEVELOPED, CONFEREES THEN TRIED TO IDENTIFY ONE OR TWO KEY FORCES THAT THEY WOULD TARGET IN ORDER TO CHANGE THEIR INSTITUTION. USING SHEET B OF THE INSTRUMENT, CONFEREES BEGAN TO DEVELOP BEHAVIORAL OBJECTIVES TO IMPACT THE CRUCIAL FORCES THEY HAD IDENTIFIED ON SHEET A.

THESE SPECIFIC BEHAVIORAL OBJECTIVES WERE TO BE MEASURABLE, HAVE A TIME LIMIT, AND NAME THE PERSON RESPONSIBLE FOR ACCOMPLISHING THE BEHAVIOR. LASTLY, ANY LOGICAL ACTION STEPS (EVEN OF THE MOST MUNDANE NATURE) WHICH ARE NECESSARY TO ACCOMPLISH THE BEHAVIORAL OBJECTIVE, WERE LISTED BY THE CONFEREES ON SHEETS B AND C. IN EFFECT, SHEETS B AND C BECAME PERT (PLANNING, EVALUATION, REVIEW TECHNIQUE) CHARTS.

FIGURE ONE

SHEET A

MANAGEMENT PLANNING SHEET FOR INSTITUTIONAL CHANGE

HOSPITAL:_____ DEPARTMENT:_____

SAMPLE
GENERAL GOAL: (From Presentation on Model Programs) "By 1983, our hospital will have a 'comprehensive' Patient Education program administered by a Health Education Specialist, which meets the needs of ambulatory and inpatient patients.

YOUR
GENERAL GOAL: _____

Positive Forces Helping Your Goal	Negative Forces Blocking Your Goal

Analyze the above section, (i.e. determine if any negative forces can be reduced or eliminated by positive forces), and then list the two or three crucial forces (positive or negative) which relate to your goal.

1.

2.

3.

Use a separate sheet B (action strategy planning sheet) to create an action plan to either augment positive forces, or eliminate negative forces.

SHEET B

ACTION STRATEGY PLANNING SHEET

HOSPITAL:_____ DEPARTMENT:_____

PROBLEM STATEMENT (should evolve out of your analysis of and determination of key forces)_____

YOUR BEHAVIORAL OBJECTIVE TO AUGMENT POSITIVE FORCE OR REDUCE NEGATIVE FORCE:

Specific actions or tasks to be taken to achieve the objective (who, will do what, by when, to what extent):

1.

2.

3.

4.

5.

6.

7.

8.

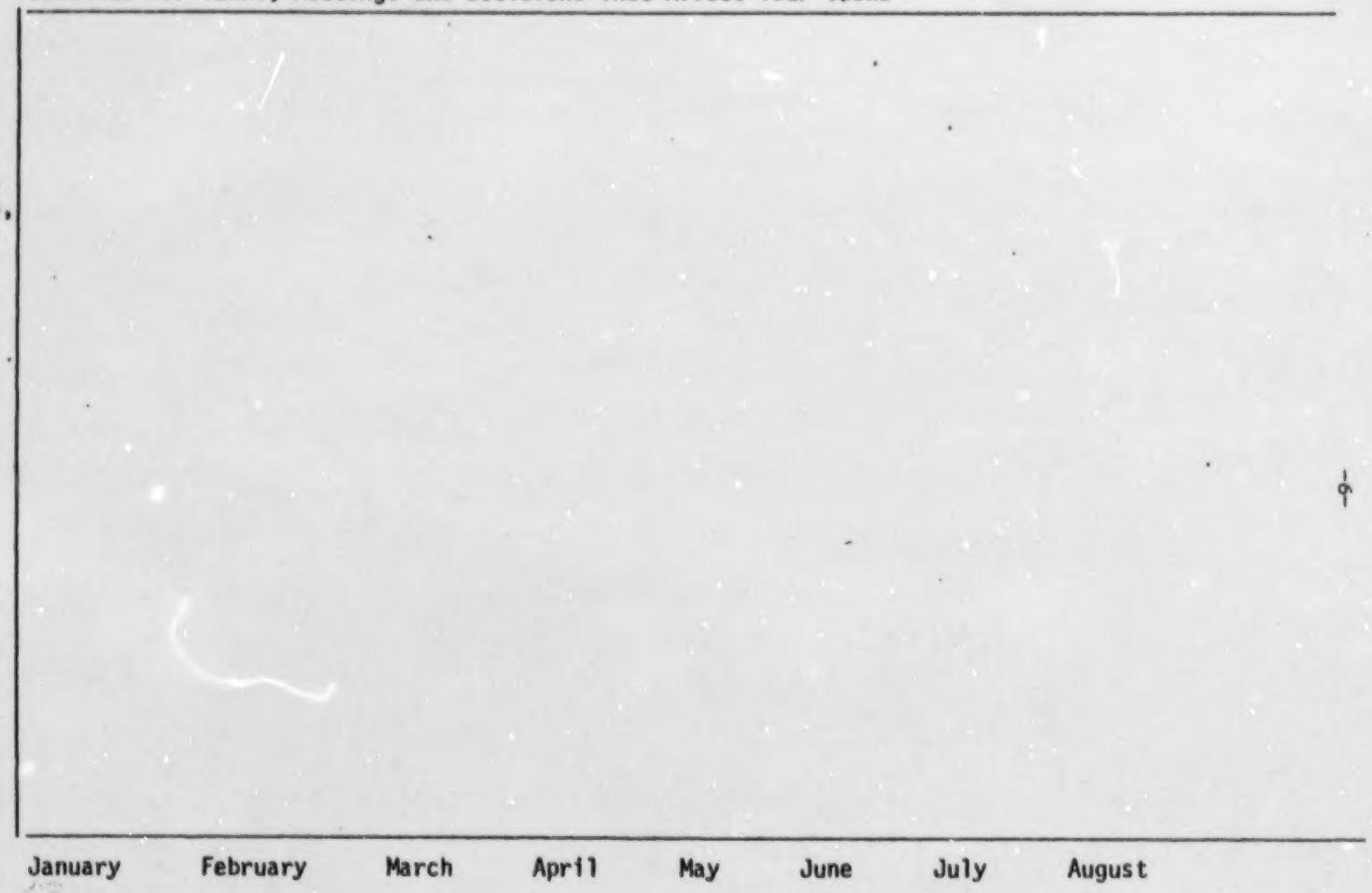
Analysis:

SHEET C

TIME LINE FOR MANAGING CHANGE

Offices/Persons Involved (eg., hospital administration, board, department heads, you and your staff, advisory committee, patients, accrediting agencies, etc.)

Deadline for Tasks; Meetings and Decisions That Affect Your Tasks



RESULTS

OF TWENTY-TWO COMPLETED RETURNS, NINETEEN HAD AS A STARTING GOAL ''TO IMPLEMENT COMPREHENSIVE MULTI-DISCIPLINARY PATIENT EDUCATION''. TWO RETURNED INSTRUMENTS LISTED ''TO INCREASE THE STATUS OF PATIENT EDUCATION BY SHOWING THE EFFECTIVENESS OF PATIENT EDUCATION'' AS THE STARTING GOAL. THE ONE REMAINING INSTRUMENT LISTED ''TO ASSESS THE CURRENT EXTENT AND VARIETY OF PATIENT EDUCATION OFFERED IN MY INSTITUTION, AND TO COORDINATE SAME'' AS THE STARTING GOAL.

THERE WERE FOUR MAJOR CATEGORIES/ISSUES IDENTIFIED BY CONFEREES AS COMMON AREAS OF CONCERN FOR HEALTH EDUCATORS WHO WERE PLANNING TO IMPLEMENT HEALTH EDUCATION PROGRAMS/SERVICES IN THEIR INSTITUTIONS. THEY WERE: POLITICAL CONCERNS, ORGANIZATIONAL BARRIERS, PERSONNEL CONCERNS, AND ECONOMIC CONCERNS. AN EDITED CAPSULIZATION OF THE CONFEREE'S WORK IS PROVIDED IN APPENDIX A. APPENDIX B CONTAINS THE UNEDITED, VERBATIM LISTINGS OFFERED BY THE CONFERENCE PARTICIPANTS.

A LARGE NUMBER OF BEHAVIORAL OBJECTIVES AND ACTION STRATEGIES WERE DEVELOPED BY THE PARTICIPANTS TO MEET THEIR GOALS. A FURTHER EXAMINATION OF THE FORCE FIELD ANALYSIS CONDUCTED BY CONFEREES ON THEIR OWN INSTITUTION SHOWED THAT THE CONFEREE'S BEHAVIORAL OBJECTIVES COULD BE CATEGORIZED ACCORDING TO WHETHER THEY TARGETED: A) AN IMPORTANT PERSON OR COMMITTEE; B) A VITAL HOSPITAL CONCERN; OR C) NEITHER. THE RESPONSES COULD THEN BE EVALUATED FOR THEIR POTENTIAL AS SUCCESSFUL ORGANIZATIONAL CHANGE OBJECTIVES. THE 12% OF CONFEREES WHO TARGETED IMPORTANT STAFF MEMBERS (CEO, DEPARTMENT HEAD) AND THE 25% WHO SPOKE TO VITAL HOSPITAL CONCERNS (BED OCCUPANCY, PUBLIC RELATIONS) WERE JUDGED TO HAVE THE GREATEST CHANCES FOR SUCCESS IN ACHIEVING THE DESIRED GOAL IMPLEMENTATION OF COMPREHENSIVE PATIENT EDUCATION IN A HOSPITAL SETTING.

BELOW YOU WILL FIND A BRIEF COMMENTARY ON EACH OF THE MAJOR CATEGORIES OF CONCERN. THIS IS A COMBINATION OF THE CONFEREES ANALYSIS AND AN EXTRAPOLATION FROM THE SPEECHES OF HEALTH PROFESSIONALS AT THE CONFERENCE WHO DESCRIBED THEIR PATIENT EDUCATION PROGRAMS AND HOW THEY IMPLEMENTED THEIR PROGRAM. THESE COMMENTS ARE ILLUSTRATED FURTHER THROUGH A ''CASE STUDY APPROACH'' WHICH BEGINS ON PAGE TWELVE.

COMMENTS ON POLITICAL FORCES IN AN INSTITUTION

ASSESSING THE INFLUENCE OF KEY POLITICAL FIGURES IN ONE'S INSTITUTION IS A NECESSARY PROCESS WHICH PROVIDES THE HEALTH EDUCATOR WITH A REALISTIC APPRAISAL OF THE LOCI OF SUPPORT AND RESISTANCE TO IMPLEMENTATION. THUS, IT IS NECESSARY TO IDENTIFY INDIVIDUALS WHO MAY BE WILLING TO HELP ADVANCE A PROGRAM, AND TO ACCESS THEIR ABILITY TO EFFECT CHANGE. FOR EXAMPLE, IF A PROGRAM WILL HAVE A POSITIVE IMPACT ON NURSING SERVICES, THE SUPPORT OF THE DIRECTOR OF NURSING SHOULD BE OBTAINED. NEXT IT WOULD BE IMPORTANT TO LIST ALL OF THE DEPARTMENTS WHICH HAVE SOMETHING TO GAIN FROM A HEALTH EDUCATION PROGRAM. IDENTIFY ANY COST DEPARTMENTS WILL INCUR. (COSTS NEED TO BE IDENTIFIED IN ECONOMIC AND POLITICAL TERMS; VIZ., WILL MONEY FROM A DEPARTMENTAL BUDGET BE REQUIRED; WILL ACTIVE SUPPORT OF A HEALTH EDUCATION PROGRAM ALIENATE FORMER ALLIES?)

NEXT, IDENTIFY ALL DEPARTMENTS AND INDIVIDUALS THAT MAY RESIST ANY EFFORT TO IMPLEMENT A HEALTH EDUCATION PROGRAM. IDENTIFY WHY YOU THINK THEY WILL RESIST YOUR PROGRAM. IS RESISTANCE BASED ON ECONOMICS? FOR EXAMPLE, SUPERVISORS AND/OR THE CEO'S MAY RESIST ANY PROGRAM IF IT WILL BE AN ECONOMIC BURDEN TO THE INSTITUTION. IF THIS IS THE CASE YOUR RESPONSE MAY BE TO IDENTIFY PROGRAMS AND SERVICES WHICH WILL RESULT IN A NET INCREASE OF REVENUE (ADDING IN VARIABLES SUCH AS PATIENT SATISFACTION), AND HAVE A POSITIVE IMPACT ON PATIENT CARE.

HOWEVER, THERE ARE OTHER REASONS WHY SUPERVISORS AND CEO'S MAY RESIST NEW IDEAS AND PROGRAMS. FOR EXAMPLE, IF THEIR RESISTANCE IS BASED ON POLITICAL POWER STRUGGLES, TRY TO UNDERSTAND THAT LOGIC BY ACTUALLY DIAGRAMMING THE VARIOUS GROUPS AND ACTORS INVOLVED IN THE POLITICAL ARENA. IDENTIFY STRATEGIES TO REDIRECT OR REPOSITION THE PROGRAM POLITICALLY IN SUCH A WAY THAT THE PROGRAM WILL BE ADVANCED.

WHEN ASSESSING THE POLITICS OF YOUR ORGANIZATION PROCEED WITH CAUTION. EXAMINE THE ORGANIZATIONAL HIERARCHY FIRST. ADVANCE PROGRAM IDEAS INCREMENTALLY. IDENTIFY INDIVIDUALS THAT WILL GIVE SUPPORT AND ADVICE AND SEEK THEM OUT. IF THE SUPPORT OF THE CEO IS REQUIRED BEFORE A PATIENT EDUCATION PROGRAM CAN BE IMPLEMENTED, RECOGNIZE THE FACT THAT YOU MAY NOT HAVE DIRECT ACCESS TO THAT PERSON. IF SO, YOU WILL HAVE TO DEPEND ON OTHERS TO ASSIST YOU. BEGIN TO IDENTIFY INDIVIDUALS THAT DO HAVE ACCESS TO THE CEO, WHO SUPPORT YOUR OBJECTIVES, AND WHO CAN SPEAK ON YOUR BEHALF. IN TERMS OF THE CEO, REALIZE THAT MONEY IS A CONSTANT CONCERN.

DO NOT COMPROMISE THE OBJECTIVES OF YOUR PROGRAM; RATHER, TRANSLATE THEM INTO OBJECTIVES THAT ARE REVENUE RELATED. AT A MINIMUM YOUR PROGRAM SHOULD SHOW THAT YOU WILL BE PROMOTING THE NAME OF THE HOSPITAL. THAT'S ''MARKETING'' AND AN ECONOMIC BENEFIT CAN BE DERIVED FROM MARKETING ACTIVITIES.

ORGANIZATIONAL FORCES

TWO CONCEPTS ARE IMPORTANT TO EXAMINE ABOUT ORGANIZATIONAL STRUCTURES: COMMUNICATION CHANNELS AND ORGANIZATIONAL MISSION.

ALL ORGANIZATIONS INCLUDE SEVERAL MECHANISMS FOR COMMUNICATING IDEAS AND MESSAGES. THE FORMAL MECHANISMS ARE MEMORANDA AND PA ANNOUNCEMENTS. THE INFORMAL SYSTEM CONSISTS OF FRIENDSHIPS OR INTERPERSONAL RELATIONSHIPS (''GRAPE-

VINE'') THAT HAVE DEVELOPED OVER TIME. IN ORDER FOR A PATIENT EDUCATION PROGRAM TO BE SUCCESSFUL BOTH SYSTEMS NEED TO BE UTILIZED. ONE'S POSITION IN THE ORGANIZATION WILL DETERMINE HOW TO COMMUNICATE PROGRAM IDEAS TO OTHERS. FOR EXAMPLE, IF AN INDIVIDUAL DOES NOT HAVE DIRECT ACCESS TO A PERSON OF POWER OR INFLUENCE IN AN ORGANIZATION, IT MAY BE NECESSARY TO SPEAK TO SOMEONE WHO IS FRIENDLY WITH THAT PERSON IN ORDER TO COMMUNICATE PROGRAM IDEAS. NEVERTHELESS, INDIVIDUALS WHO HAVE BEEN WORKING IN ONE PARTICULAR ORGANIZATION FOR AN EXTENDED PERIOD OF TIME SHOULD HAVE DEVELOPED MECHANISMS FOR GAINING AND GIVING INFORMATION AND FOR DEVELOPING POLITICAL SUPPORT FOR A PROGRAM IDEA.

UNDERSTANDING THE ORIENTATION OF AN ORGANIZATION IS ANOTHER IMPORTANT ASPECT TO EFFECT CHANGE. IS THE ORGANIZATION COMMUNITY FOCUSED OR ARE THERE SPECIAL TARGET GROUPS THAT ARE OF PRIMARY CONCERN TO THE ADMINISTRATION? PROGRAMS AND PLANS FOR CHANGE ARE OFTEN REJECTED ON THE BASIS OF AN ORGANIZATION'S ORIENTATION. THUS, EVEN A GOOD PROGRAM MAY BE REJECTED IF THE TIMING IS WRONG OR IF THE OBJECTIVES OF YOUR ORGANIZATION WILL NOT BE ADVANCED BY IT. THE ABILITY TO OBTAIN ACCURATE INFORMATION WITH RESPECT TO THE LONG RANGE PLANS OF AN ORGANIZATION IS PIVOTAL. THIS INFORMATION IS AVAILABLE IN ANNUAL REPORTS AND NEWSLETTERS AND IS ILLUSTRATED BY THE SERVICES OR DEPARTMENTS THAT ARE BEING EXPANDED OR REDUCED. UNDERSTANDING HOW TO OBTAIN ACCURATE INFORMATION FROM FORMAL CHANNELS IS IMPORTANT. HOWEVER, IF SUCH INFORMATION IS SCARCE IT BECOMES NECESSARY TO USE PERSONAL RELATIONSHIPS TO GATHER THIS INFORMATION.

PERSONNEL

THREE ITEMS SHOULD BE INCLUDED IN DELIBERATIONS REGARDING PERSONNEL: STAFFING LEVELS OF VARIOUS DEPARTMENTS, STAFF RELATIONS, AND STAFF DEVELOPMENT, (ESPECIALLY TRAINING IN EDUCATIONAL TECHNIQUES). IMPLEMENTING PROGRAM ACTIVITIES

SUCCESSFULLY REQUIRES DATA ON WHICH DEPARTMENTS CAN RELEASE STAFF TO ASSIST PATIENT EDUCATION PROGRAMS.

DURING THE COURSE OF ANALYSIS THERE WILL BE OVERLAPPING AMONG THE POLITICAL, ORGANIZATIONAL AND PERSONNEL ASSESSMENTS. LOOK FOR AREAS OF SIMILARITY AND ASK THE FOLLOWING QUESTIONS: WHERE ARE THE COMMON LINKS? ARE THE LINKS PEOPLE OR RESOURCES SUCH AS MONEY, POWER OR EQUIPMENT? HOW CAN THE POSITIVE ORGANIZATIONAL AND POLITICAL LINKAGES MADE THROUGH FORMAL AND INFORMAL CHANNELS BE USED TO FOSTER POSITIVE STAFF RELATIONS?

POSITIVE STAFF RELATIONS ARE VERY IMPORTANT IN ESTABLISHING SUCCESSFUL PATIENT EDUCATION PROGRAMS BECAUSE OF THE INTERDISCIPLINARY NATURE OF THE ENDEAVOR. PATIENT EDUCATION IS TRULY AT ITS FINEST WHEN IT IS TEAM PLANNED AND TEAM TAUGHT. THEREFORE, IT IS IMPORTANT TO FACILITATE POSITIVE RELATIONS BETWEEN THOSE WHO ARE TO TEACH PATIENT EDUCATION.

LASTLY, STAFF DEVELOPMENT IS IMPORTANT. PROPER TRAINING OF STAFF WILL HELP ASSURE PATIENT COMPLIANCE AS WELL AS SUCCESSFUL ADMINISTRATION OF THE EDUCATIONAL EFFORT. PREFERABLY, THE INSERVICE TRAINING WILL INCLUDE PEDAGOGIES THAT ARE RECOGNIZED AS BEING USEFUL IN ASSURING VOLUNTARY PATIENT COMPLIANCE. THUS, STAFF CAN ACTUALLY <u>EXPERIENCE</u> PROPER TEACHING BEFORE THEY ARE ASKED TO DO IT THEMSELVES.

ECONOMIC

WHEN OBTAINING DATA ABOUT AN ORGANIZATION, ATTACH A DOLLAR VALUE TO AS MANY ITEMS AS POSSIBLE. LOOK FOR WAYS TO ILLUSTRATE HOW REVENUE WILL BE CONSUMED AND GENERATED BY INTRODUCING PATIENT EDUCATION PROGRAMS AND SERVICES. ISSUES SUCH AS ABSENTEEISM AND HEALTH INSURANCE SAVINGS SHOULD BE HIGHLIGHTED IN PROGRAMS DESIGNED FOR EMPLOYEES. PROGRAMS DESIGNED SOLELY FOR PATIENTS SHOULD ILLUSTRATE

HOW PROFESSIONAL STAFF TIME WILL BE SAVED BY INTRODUCING A HEALTH EDUCATION PROGRAM. SIMILARLY, MARKETING AND THE DEVELOPMENT OF FAVORABLE COMMUNITY RELATIONS CAN INCREASE THE PATIENT BASE AND THUS INCREASE REVENUE. SHOW HOW HEALTH EDUCATION WILL DO THIS. THE ONLY WAY A PROGRAM WILL BE GIVEN ADMINISTRATIVE APPROVAL IS IF IT WILL STRENGTHEN THE ORGANIZATION. GIVEN THE AVOWED ORIENTATION OF HHS AND THE DESIRE OF COLLEGES AND GRADUATE INSTITUTIONS TO PROMOTE HEALTH EDUCATION, GRANTS MAY BE GIVEN TO FINANCIALLY SUPPORT A GOOD RESEARCH EFFORT OR INNOVATIVE HEALTH PROMOTION PROGRAM. WITH A LITTLE SOPHISTICATION AND THOROUGH KNOWLEDGE OF THE DIRECTION THAT AN ORGANIZATION IS MOVING ONE SHOULD BE ABLE TO TRANSLATE HEALTH EDUCATION INTO A REVENUE GENERATING PROGRAM.

ILLUSTRATION OF FORCE-FIELD ANALYSIS

IN ORDER TO FURTHER ILLUSTRATE THE ABOVE PRINCIPLES, WE HAVE INCLUDED A FORCE-FIELD ANALYSIS OF THE MOCK CASE STUDY USED IN THE CONFERENCE. THIS WILL HELP YOU TO SEE THE LOGICAL FLOW OF THOUGHTS AND PLANS THAT SHOULD PERMIT CHANGE TO OCCUR IN AN INSTITUTION.

THE MATERIAL PROVIDED IN THE ILLUSTRATION SHOULD BE VIEWED AS A MODEL FOR ASSESSING HOW TO APPROACH THE TASK OF IMPLEMENTING HEALTH EDUCATION PROGRAMS IN COMPLEX ORGANIZATIONS (I.E., HEALTH CARE FACILITIES). THE PROBLEM THAT IS USED IN THIS ILLUSTRATION IS TAKEN FROM THE CONFERENCE PACKAGE (I.E., FIGURE 2) AND UTILIZES LEWIN'S FORCE FIELD ANALYSIS AS THE METHOD OF ASSESSING AN ORGANIZATION'S POTENTIAL FOR CHANGE. AGAIN, FOUR BASIC CATEGORIES ARE OUTLINED IN OUR ILLUSTRATION: POLITICAL, ORGANIZATIONAL, PERSONNEL AND ECONOMIC.

POLITICAL

IN TABLE ONE, THE SUPPORTERS AND BLOCKERS OF A HEALTH EDUCATION PROGRAM ARE IDENTIFIED.

FIGURE TWO

CASE STUDY

A HOSPITAL OF 900 BEDS HAS NOT IMPLEMENTED PATIENT EDUCATION EXCEPT ON A SPORADIC AND UNCOORDINATED BASIS. FOR EXAMPLE, INDIVIDUALS FROM THREE DEPARTMENTS (OPHTHALMOLOGY; GYNECOLOGY; AND PHARMACY) DELIVER MINIMAL PATIENT EDUCATION TO INPATIENTS IN ORDER TO GET THE PATIENTS TO COMPLY WITH HOSPITAL PROCEDURES AND/OR DOCTOR'S ORDERS. THERE IS NO COORDINATION BETWEEN DEPARTMENTS REGARDING PATIENT EDUCATION, THERE IS NO ATTEMPT TO MEASURE THE EFFECTS OF PATIENT EDUCATION. THE PEDAGOGICAL TECHNIQUES USED ARE CHOSEN HAPHAZARDLY WITHOUT CONSIDERATION OF THE NEEDS OF THE LEARNER.

INTERESTINGLY, THERE ARE SEVERAL HEALTH PROFESSIONALS WHO ARE INTERESTED IN DOING A BETTER JOB OF PATIENT EDUCATION BUT WHO HAVE HAD LITTLE SUCCESS IN GETTING THIS ACCOMPLISHED. FOR EXAMPLE, AN MD WHO IS THE CHIEF OF PEDIATRICS IS CONCERNED ABOUT LEAD POISONING IN MANY OF THE CHILDREN SHE SEES ADMITTED TO THE HOSPITAL. SHE BELIEVES PATIENT OR CONSUMER EDUCATION WOULD REDUCE INCIDENTS OF LEAD POISONING. ALSO, A NURSE IN OBSTETRICS HAS BEGUN DOING SOME PATIENT EDUCATION ABOUT MATERNAL/CHILD HEALTH IN THE PRENATAL CLINIC AND A SOCIAL WORKER IN THE ADOLESCENT HEALTH CENTER HAS INCLUDED SOME EDUCATION ABOUT DRUG ABUSE WHEN HE SEES HIS CLIENTS, AND WOULD LIKE TO HAVE A MORE FORMAL PROGRAM. IN ADDITION TO THESE INDIVIDUALS, THE PRESIDENT OF THE HOSPITAL AUXILIARY IS A MEMBER OF THE HEALTH EDUCATION COMMITTEE OF THE UNITED HOSPITAL FUND, HAS ATTENDED A CONFERENCE ON HEALTH PROMOTION, AND WOULD LIKE TO SEE THE HOSPITAL DO A BETTER JOB OF PATIENT EDUCATION. TWO CLERGY WHO DO PASTORAL COUNSELING AT THE HOSPITAL ALSO HAVE EXPRESSED AN INTEREST IN PATIENT EDUCATION AS HAS A MEMBER OF THE HOSPITAL BOARD WHO BELIEVES PATIENT AND CONSUMER EDUCATION MIGHT BE A GOOD PUBLIC RELATIONS STRATEGY THAT COULD HELP IMPROVE THE BED OCCUPANCY RATE.

TO DATE, ONLY THE THREE HEALTH PROFESSIONALS (MD; OB NURSE; SOCIAL WORKER) HAVE SENT LETTERS (SEPARATELY) TO THE CEO OF THE HOSPITAL TELLING HIM OF THE OBLIGATION OF THE HOSPITAL TO PROVIDE PATIENT EDUCATION.

THE PHYSICIAN HAS ACTUALLY MET WITH THE CEO TO DISCUSS A PROPOSAL FOR PATIENT EDUCATION BUT SHE WAS TOLD IN NO UNCERTAIN TERMS THAT PATIENT EDUCATION IS AN UNNECESSARY FRILL, IS TOO EXPENSIVE, AND THAT THE HOSPITAL IS INDEED OFFERING PATIENT EDUCATION BECAUSE''...MOST PHYSICIANS AND NURSES TELL THE PATIENTS WHAT THEY ARE SUPPOSED TO DO TO GET BETTER''.

SOME OTHER INFORMATION THAT MAY BE USEFUL TO KNOW IS THAT THIS IS A VOLUNTARY GENERAL HOSPITAL, WITH AN EXCELLENT FUND RAISING RECORD. THE LIBRARY CONTAINS MANY PATIENT EDUCATION MATERIALS DONATED BY DRUG COMPANIES BUT THEY ARE ALMOST NEVER UTILIZED. LASTLY, BECAUSE OF AN AFFILIATION WITH A MEDICAL SCHOOL, THIS HOSPITAL HAS HAD EXCELLENT INSERVICE PROGRAMS FOR STAFF.

PICTURE YOURSELF IN THIS SITUATION (I.E., AS A HEALTH PROFESSIONAL INTERESTED IN FOSTERING A GOOD PATIENT EDUCATION PROGRAM). AS A CHANGE AGENT WHAT WOULD YOU DO TO IMPROVE PATIENT EDUCATION AT THIS HOSPITAL?

TABLE ONE

SUPPORTERS (DRIVING FORCES)	BLOCKERS (RESTRAINING FORCES)
CHIEF OF PEDIATRICS	CEO
GYN NURSE	
SOCIAL WORKER	
PRESIDENT OF HOSPITAL AUXILLIARY	
CLERGY (2)	
MEMBER OF HOSPITAL BOARD	

THE KEY ACTOR IN TERMS OF A BARRIER TO A HEALTH EDUCATION EFFORT IS THE CEO. HOWEVER, IF A PROGRAM WITH MARGINAL COSTS IS IDENTIFIED AND CAN SHOW TANGIBLE RESULTS, THE CEO'S RESISTANCE TO HEALTH EDUCATION MAY BE ASSAUGED (REFER TO CASE STUDY LINES 29-30). SIMILARLY, BY IDENTIFYING THE BENEFITS THAT INDIVIDUAL DEPARTMENTS MAY DERIVE FROM HEALTH EDUCATION, ONE MAY BEGIN TO INCREASE INTEREST AND MOTIVATION AMONG OTHER DEPARTMENTS. THIS MAY LEAD TO MORE GENERALIZED INSTITUTIONAL SUPPORT.

FOR EXAMPLE, IT WOULD BE USEFUL TO INTERVIEW EACH OF THE SEVEN INDIVIDUALS WHO HAVE BEEN IDENTIFIED AS SUPPORTERS OF A HEALTH EDUCATION EFFORT. AN INITIAL INTERVIEW SHOULD BE CONDUCTED WITH ONE SUPPORTER AT A TIME. THIS WILL ALLOW FOR A BETTER ASSESSMENT OF WHERE EACH INDIVIDUAL STANDS. AFTER ALL SEVEN INDIVIDUALS HAVE BEEN INTERVIEWED YOU WILL BE IN A GOOD POSITION TO ASSESS ACTIVITIES AND/OR PROGRAMS FOR WHICH SEVERAL INDIVIDUALS, IF NOT ALL SEVEN SUPPORTERS, WILL SUPPORT YOU.

AFTER SUPPORT IS OBTAINED FROM THE CORE GROUP OF HEALTH EDUCATION SUPPORTERS IT WOULD BE USEFUL TO IDENTIFY DEPARTMENTAL COLLEAGUES OF THE GROUP MEMBERS. THESE INDIVIDUALS ARE THE NEXT GROUP WHO ARE MOST LIKELY TO SUPPORT A HEALTH

EDUCATION EFFORT. WITH THIS EXPANDED BASE, OUTREACH TO OTHER HOSPITAL DEPARTMENTS SHOULD BE THE NEXT STEP. ONE CAVEAT TO KEEP IN MIND HOWEVER IS THAT THE MORE PEOPLE THAT ARE INVOLVED, THE GREATER THE LIKELIHOOD THAT THE CEO WILL BE INFORMED THAT THE HOSPITAL IS PLANNING TO LAUNCH OR ORGANIZE HEALTH EDUCATION ACTIVITIES. THUS, IT IS IMPORTANT THAT ANY PLANNING EFFORTS BE CONDUCTED DURING NON-HOSPITAL TIME. THIS WILL ALLOW YOU TO ACCOMPLISH TWO OBJECTIVES AT THE SAME TIME. BY HOLDING MEETINGS AFTER OR BEFORE HOURS THE CEO SHOULD NOT HAVE ANY JUSTIFIABLE OBJECTIONS FOR YOU, AND IF S/HE LEARNS OF YOUR MEETINGS, THE FACT THAT THEY ARE BEING HELD DURING NON-HOSPITAL HOURS WILL LET HIM OR HER KNOW HOW COMMITTED TO THE IDEA YOUR GROUP ACTUALLY IS. THIS TYPE OF APPROACH WILL MINIMIZE THE CHANCE OF INCREASING THE CEO'S RESISTANCE TO A HEALTH EDUCATION PROGRAM AND MAY ACTUALLY SERVE AS AN AID IN HELPING TO CHANGE THE CEO'S MIND ABOUT HEALTH EDUCATION.

IN LEWIN'S FORCE FIELD ANALYSIS, ONE OBJECTIVE/CRITERIA FOR SUCCESS IS TO CHANGE RESTRAINING FORCES (BLOCKERS) INTO DRIVING FORCES (SUPPORTERS). GIVEN THE CEO AS THE RESTRAINING FORCE IN THE CASE STUDY, OBTAINING HIS OR HER SUPPORT IS PIVOTAL.

ORGANIZATIONAL

IN THE CASE STUDY SEVEN SUPPORTERS OF A HEALTH EDUCATION PROGRAM WERE IDENTIFIED. A LIST OF WHO THESE PEOPLE HAVE ACCESS TO AND THE INDIVIDUALS FROM THIS LIST WHICH HAVE INFLUENCE OR ACCESS TO THE CEO SHOULD BE COMPILED. THESE INDIVIDUALS WOULD THEN BE USED TO ''TEST THE WATER'' BEFORE PRESENTING A HEALTH EDUCATION PROGRAM TO THE CEO.

WE WOULD LIKE TO POINT OUT THAT WITH THE INFORMATION PROVIDED IN THE CASE STUDY ANOTHER APPROACH MAY ALSO BE APPROPRIATE. GIVEN THE CEO'S CONCERN REGARDING

COSTS ASSOCIATED WITH HEALTH EDUCATION, A CREATIVE HEALTH EDUCATOR OR HEALTH EDUCATION COMMITTEE MAY WANT TO GRADUALLY EXPAND HEALTH EDUCATION ACTIVITIES. THIS MAY HAVE THE EFFECT OF NEUTRALIZING THE CEO'S RESISTANCE TO ''EXPENSIVE'' HEALTH EDUCATION PROGRAMS. AFTER ALL, IT WAS THE CEO HIMSELF WHO SAID THAT ''THE HOSPITAL IS INDEED OFFERING PATIENT EDUCATION'' (CASE STUDY LINES 30-31).

PERSONNEL

IN THE CASE STUDY THE SEVEN SUPPORTERS OF THE HEALTH EDUCATION EFFORT CAME FROM A DIVERSE LIST OF PROFESSIONS, (I.E., MD, NURSE, SOCIAL WORKER, PRESIDENT OF HOSPITAL AUXILLIARY, CLERGY (2), MEMBER OF HOSPITAL BOARD). AS INDICATED EARLIER IN THE SECTION ON POLITICS, IT IS IMPORTANT TO KNOW HOW TO UTILIZE YOUR PERSONNEL. IN VIEW OF THIS WE SUGGEST LOOKING AT THE BACKGROUND OF THE HOSPITAL BOARD MEMBER. FOR EXAMPLE, HOW MUCH PROFESSIONAL INFLUENCE DOES THIS PERSON HAVE WITH THE CEO? IS THERE A PERSONAL RELATIONSHIP? DO THEY GENERALLY SUPPORT EACH OTHER ON ISSUES, ETC.? THESE AND OTHER QUESTIONS NEED TO BE RAISED AND ANSWERED AS PART OF THE STRATEGIC PLAN.

IDENTIFYING THE PERSONAL AND PROFESSIONAL RELATIONSHIPS WHICH YOUR CORE GROUP OF SUPPORTERS HAVE WITH OTHER HOSPITAL DEPARTMENTS, EMPLOYEES AND BOARD MEMBERS MAY FACILITATE ACCESS TO THE CEO OR OTHER KEY DECISION MAKERS.

LOOKING AT YOUR ORGANIZATION FROM THE PERSONNEL SIDE YOU WILL NEED TO KNOW THE DEPARTMENTS THAT ARE ABLE TO RELEASE STAFF TO ASSIST YOUR PATIENT EDUCATION PROGRAMS. YOU WILL ALSO NEED TO KNOW IF STAFF PRODUCTIVITY CAN HELP ADVANCE YOUR OBJECTIVES.

ECONOMIC

WHEN CONDUCTING THE DATA GATHERING ASPECT OF THE PROBLEM SOLVING EXERCISE,

TRY TO ATTACH A DOLLAR VALUE TO AS MANY ITEMS AS POSSIBLE. LOOK FOR WAYS TO ILLUSTRATE HOW REVENUE WILL BE GENERATED BY INTRODUCING PROGRAM AND SERVICES. ISSUES SUCH AS RETENTION OF STAFF AND REDUCING ABSENTEEISM SHOULD BE HIGHLIGHTED IF YOUR PROGRAM IS GEARED TOWARDS EMPLOYEES. PROGRAMS DESIGNED SOLELY FOR PATIENTS SHOULD ILLUSTRATE HOW PROFESSIONAL STAFF TIME WILL BE SAVED (ANOTHER PRODUCTIVITY ISSUE) BY INTRODUCING YOUR PROGRAM. MARKETING, AND THE DEVELOPMENT OF FAVORABLE COMMUNITY RELATIONS CAN INCREASE THE PATIENT BASE AND THUS INCREASE REVENUE. SHOW HOW YOUR PROGRAM WILL DO THIS. THE ONLY WAY YOUR PROGRAM WILL BE GIVEN ADMINISTRATIVE APPROVAL IS IF IT WILL STRENGTHEN YOUR ORGANIZATION. IN THE CASE STUDY (SEE LINES 29-30) PATIENT EDUCATION IS IDENTIFIED AS <u>TOO EXPENSIVE</u>. BY TURNING PATIENT EDUCATION INTO A REVENUE GENERATING PROGRAM, SUPPORT OF THE CEO IS MORE LIKELY AND IS ANOTHER EXAMPLE OF TURNING A RESTRAINING FORCE INTO A DRIVING FORCE FOR CHANGE.

APPENDIX A

EDITED SUMMARIZATION OF THE FORCE-FIELD ANALYSIS EXERCISE COMPLETED BY CONFERENCE PARTICIPANTS.

I GOAL: IMPLEMENTATION OF COMPREHENSIVE PATIENT EDUCATION (N=19)

POLITICAL

PROBLEMS	OBJECTIVES	STRATEGIES
1) NEED SUPPORT OF ADMINISTRATION INCLUDING THE CEO, TO HELP WIN A STRUGGLE FOR CONTROL OF PATIENT EDUCATION, AND TO GET FUNDING FOR PATIENT EDUCATION. (N=7)	1) BY 2 MONTHS CONDUCT STUDY OF A DEMONSTRATION PROJECT; PRESENT COMPREHENSIVE PROPOSAL LISTING COST-BENEFITS TO MEDICAL BOARD AND OTHER DECISION MAKERS TO GAIN SUPPORT FOR PATIENT EDUCATION. (N=4)	1) DO RESEARCH USING LITERATURE ON PATIENT EDUCATION'S COST-EFFECTIVENESS, EFFECT ON BED OCCUPANCY; SURVEY INTRAMURAL AND EXTRAMURAL PATIENT EDUCATION PROGRAMS; CONDUCT COST-EFFECTIVENESS STUDY OF DEMONSTRATION PROJECT. (N=7)
2) NEED TO GET MEDICAL BOARD SUPPORT FOR NEW PATIENT EDUCATION PROGRAM BY DOING A COST-EFFECTIVENESS STUDY. (N=2)	2) BY 2 MONTHS GAIN SUPPORT FROM EXECUTIVE DIRECTOR IN FORM OF MANDATE AND/OR POLICY STATEMENT TO DEMONSTRATION PROJECT HEAD AND OTHERS, WHICH NOTIFIES THEM OF ROLE OF COORDINATOR; POLICY SHOULD COVER APPROVAL OF PATIENT EDUCATION MATERIALS. (N=2)	2) ESTABLISH A BUDGET THEN RAISE MONEY WITH HELP OF INTERESTED DEPARTMENTS, MEDICA AUXILIARY, HOSPITAL GRANTSMAN; SEEK MONEY FROM PUBLIC AND PRIVATE SECTOR. (N=5)
		3) MEET WITH PATIENT EDUCATION COMMITTEE (NURSING DEPARTMENT) AND/OR NAME ONE TO ESTABLISH IMPORTANCE OF MULTI-DISCIPLINARY INVOLVEMENT AND ENLIST THEIR SUPPORT. (N=3)
		4) IDENTIFY A PERSON TO COORDINATE PROGRAM. (N=1)
		5) MEET WITH HEADS OF EACH DEPARTMENT TO PRESENT PROPOSAL. (N=1)
		6) MD IN CHARGE OF CLINIC WILL PRESENT PROPOSAL ON PATIENT EDUCATION TO MEDICAL BOARD. (N=1)
		7) IDENTIFY NEED FOR IMPROVED PATIENT EDUCATION PROGRAM. (N=1)

ORGANIZATIONAL

PROBLEMS

1) NEED TO INCREASE COMMUNICATION BETWEEN DEPARTMENTS, COMMUNITY BOARD, HOSPITAL STAFF AND ADMINISTRATION. (N=4)

2) NEED TO DEFINE ROLE OF PATIENT EDUCATION IN PATIENT CARE; INVOLVE BOARD WITH DEPARTMENT HEADS AND EDUCATIONAL DIRECTORS CAN EVOLVE A POLICY STATMENT TO AFFECT ALL DEPARTMENTS. (N=4)

3) NO COMMITTEE TO DEVELOP DEMONSTRATION PROJECT OR STUDIES EXISTS AT THIS TIME. (N=2)

4) INABILITY TO MOBILIZE RESOURCES DUE TO DEFICITS IN TIME AND MONEY. (N=1)

OBJECTIVES

1) BY TWO MONTHS, CONDUCT A MEETING OF MEDICAL DISCIPLINES, PATIENT EDUCATION STAFF, ADMINISTRATION, COMMUNITY BOARD, TO DISCUSS PATIENT EDUCATION, IMPROVED COMMUNICATIONS, AND RELATIONSHIPS OF EACH ENTITY VIS-A-VIS PAITENT EDUCATION. (N=5)

2) BY ONE MONTH, SURVEY HOSPITAL TO SEE WHAT'S GOING ON AND IF THINGS CAN BE COORDINATED. (N=2)

STRATEGIES

1) SUGGEST USE OF ONE PERSON-PATIENT EDUCATION SPECIALIST - AS CONTROL FIGURE WHO WILL COORDINATE ALL EFFORTS FROM AMBULATORY CARE AND OTHER AREAS.

1) PHYSICIAN COORDINATES A COMPREHENSIVE PROGRAM FOR PATIENT TEACHING.

1) DIETITIAN - COOPERATE WITH MEDICAL AND NURSING STAFF IN THEIR GOAL FOR BETTER PATIENT TEACHING.

1) ADMINISTRATOR - IMPROVE THEIR STANDARDS OF ADMINISTRATION IN COORDINATION WITH OTHER STAFF MEMBERS IN ACHIEVING THIS GOAL.

3) SOCIAL SERVICE - IMPROVE COMMUNICATIONS IN AND OUT OF HOSPITAL SETTING.

3) CLERGY - PARTICIPATION IN COMMUNICATION AS WELL AS FUND RAISING PROGRAMS.

4) REPORT OF TODAY'S INFORMATION WILL BE SHARED WITH AMBULATORY CARE SUPERVISOR/ NURSING DIRECTOR.

4) MEETING WILL BE SUGGESTED BETWEEN PATIENT EDUCATION DEPARTMENT AND KEY AMBULATORY CARE STAFF.

4) WITHIN THREE MONTHS FORMULATE A COMMITTEE TO DISCUSS THE FORMAT FOR IMPLEMENTING PATIENT TEACHING.

4) IDENTIFY MEMBER OF BOARD AND ADMINISTRATION WHO SUPPORT PATIENT EDUCATION.

4) APPROACH AND DISCUSS WITH EACH INDIVIDUAL IDENTIFIED - GOALS OF PATIENT EDUCATION.

ORGANIZATIONAL CONTINUED

PROBLEMS

OBJECTIVES

STRATEGIES

4) HAVE EACH INDIVIDUAL APPROACH THEIR RESPECTIVE GROUPS TO PROMOTE SUPPORT FOR PATIENT EDUCATION.

4) IDENTIFY MEMBERS OF EACH DISCIPLINE WHO ARE IN FAVOR OF PATIENT EDUCATION.

4) IDENTIFY MEMBER OF BOARD WHO WE WILL INVITE TO THE MEETING.

4) I SUGGEST ADDITIONAL MEMBERS BE APPOINTED TO THE CHE COMMITTEE.

4) CEO, M.D., SOCIAL WORKER, HEAD NURSE ON COMMITTEE.

4) COMMITTEE FORMED FOR HEALTH PROFESSIONALS, ESPECIALLY ON DOCUMENTATION.

4) FORMULATE MULTIDISCIPLINARY COMMITTEE TO DISCUSS PROBLEMS OF OUT-PATIENTS AFTER DISCHARGE, FOLLOW-UP AND THE PATIENT'S NEEDS, PATIENT'S LACK OF KNOWLEDGE OF CONDITION, ETC.

4A) DEVELOP SUB-COMMITTEES BY NURSING SERVICE; INVITATION TO COMMITTEE MEMBERSHIP - POSTERS, MEETINGS, LETTERS, ETC.; INTRODUCE DISCUSSION AT DEPARTMENT HEAD MEETINGS.

5) WRITE PROPOSAL - TO PRESENT TO BOARD.

5) WRITE PATIENT EDUCATION PLAN.

5) PRESENT PATIENT EDUCATION PLAN AND PROPOSAL TO BOARD.

5A) I MEET WITH CHAIRMAN OF COMMITTEE AND COMMITTEE MEDICAL DOCTOR TO DESIGN QUESTIONNAIRE.

PROBLEMS

OBJECTIVES

STRATEGIES

5A) COMMITTEE MD SUGGESTS OR RESEARCHES EVALUATION TECHNIQUES.

5B) COMMITTEE APPROVES QUESTIONNAIRE - ADDS, DELETES.

6) NURSE IMPROVE HER SKILLS TO ALLOW FOR BETTER STANDARDS OF PATIENT TEACHING.

6) IN SERVICE EDUCATION - ONE PROGRAM.

7) BOARD MEMBERS PRESENT INTERESTS TO THE BIG BOARD.

8) COMMUNICATE TO DIRECT SUPERIOR TO DISCUSS IMPLEMENTING PATIENT TEACHING - DISCUSS NEED.

9) VP NURSE WILL FREE ONE NURSE FOR ONE MONTH TO:
- *INVESTIGATE EXISTING MATERIAL AVAILABLE AT NO/LOW COSTS
- *INVESTIGATE AVAILABLE FUNDING AND POSSIBLE PERSON TO WRITE PROPOSALS
- *TAP EXISTING FINANCIAL RESOURCES
  - -DRUG COMPANIES
  - -VOLUNTEER ORGANIZATIONS
  - -INCOME FROM NURSING CONTINUING EDUCATION PROGRAMS DELIVERED TO OUTSIDE PARTICIPANTS
  - -USE OTHER PERSONNEL IN HOSPITAL WHO MAY HAVE EXPERIENCE OR KNOWLEDGE

9A)USE OF RESOURCES SUCH AS PHARMACEUTICALS, VARIOUS ORGANIZATIONS (HEART, DIABETES, EPILEPSY) - SOCIAL SERVICES USE OF PUBLIC FACILITY - COMMUNITY BOARD.

PERSONNEL

PROBLEMS

1) INSERVICE STAFF ABOUT PATIENT EDUCATION AND FUNDING. (N=3)

2) ORGANIZE AND USE HEALTH PROFESSIONALS ON COMMITTEES. (N=2)

3) GET SOCIAL SERVICES MORE INTO PATIENT EDUCATION. (N=1)

OBJECTIVES

1) EDUCATE, THEN INVOLVE MD'S IN ESTABLISHED PATIENT EDUCATION PROGRAMS. (N=1)

STRATEGIES

1) ONCE MAJOR AREAS FOR PATIENT EDUCATION IDENTIFIED, ELICIT SUPPORT FOR PARTICIPATION BY MEDICINE AND SURGERY.

2) CONTACT QUALITY ASSURANCE COORDINATOR (PHYSICIAN) TO ADD INFLUENCE IN ADOPTING PROGRAMS.

3) SINCE ALL MAJOR PATIENT EDUCATION PROGRAMS HAVE TO BE APPROVED THROUGH MEDICAL BOARD, COLLABORATE WITH CHIEF OF MEDICAL BOARD.

4) PROVIDE INCENTIVES FOR NURSES WHO ATTEND COMMITTEE ACTIVITY - HOSPITAL-WIDE RECOGNITION THROUGH HOSPITAL PUBLICATION, CREDITS ON FLYERS.

5) MANDATE ALL MIDDLE NURSING MANAGERS TO RELEASE EMPLOYEES WHO SIT ON COMMITTEE.

ECONOMIC

PROBLEMS	OBJECTIVES	STRATEGIES
1) NEED FUNDS. GET CEO'S AND MD'S TO ASSIGN FUNDS TO PATIENT EDUCATION AND/OR LAUNCH COMMUNITY DRIVE TO RAISE FUNDS.	1) SHOW COST-EFFECTIVENESS OF PATIENT EDUCATION, THEN REQUEST FUNDING.	1) APPROACH INDIVIDUALS ALREADY INVOLVED IN SOME FORM OF PATIENT EDUCATION TO FORM FUNDS COMMITTEE.
	2) IMPROVE FUND RAISING CAPABILITY OF PATIENT EDUCATION STAFF.	1A) MS. X WILL PROVIDE LITERATURE TO BE PRESENTED.
	3) INVESTIGATE NEW RESOURCES (MONEY, MATERIAL, VOLUNTEERS) AND WAYS TO MOBILIZE EXISTING RESOURCES.	1A) MS. Y WILL PROVIDE INFORMATION ON PROGRAM AND RESOURCES AVAILABLE IN O.P.D.
		1A) MS. X WILL GET INTERESTED PHYSICIANS TO SPEAK TO MEDICAL BOARD.
		1A) MS. Z WILL APPROACH AUXILIARY DEPARTMENT REGARDING POSSIBLITY OF FUND RAISING FOR PATIENT EDUCATION .
		1A) MS. X WILL COORDINATE PROGRAM.
		1A) MS. Z WILL CONTACT PHARMACEUTICAL COMPANIES REGARDING FREE MATERIALS.
		1A) MS. A WILL WRITE GRANT PROPOSALS.
		2) INFORM ADMINISTRATION OF INTENT.
		3) ENLIST ASSISTANCE OF PATIENT EDUCATION COMMITTEE IN DEVELOPING POLICY. ALSO INVOLVE HEALTH EDUCATION COMMITTEE. USE SAME SUBCOMMITTEE FOR CARRYING OUT POLICY.
		3A) IDENTIFY APPROPRIATE LINES OF COMMUNICATION (CENTRAL COORDINATION TEAMS AS ABOVE).
		3A) IDENTIFY APPROPRIATE APPROVAL MECHANISM WITH HELP OF ADMINISTRATION.
		3A) WRITE A POLICY.

PROBLEMS

OBJECTIVES

STRATEGIES

3A) SUBMIT POLICY TO POLICY COMMITTEE FOR APPROVAL.

3B) DISTRIBUTION WITH PROMOTION TO AWARENESS (THROUGH USUAL POLICY COMMITTEE METHODS).

3B) USE MEMBERS OF SUBCOMMITTEES TO IMPLEMENT POLICY.

II - GOAL: TO INCREASE THE STATUS OF

PATIENT EDUCATION THROUGH INCREASED DOCUMENTATION (N=2)

PERSONNEL

PROBLEMS	OBJECTIVES	STRATEGIES
1) STAFF NURSES DO NOT SEE PATIENT EDUCATION AS EQUALLY IMPORTANT AS CLINICAL CARE SINCE UNIT SUPERVISORS DO NOT SEE IT SO.(N=3)	1) BY TWO MONTHS HAVE STAFF NURSES IN THE INPATIENT NURSING DIVISION PERFORM AND DOCUMENT PATIENT TEACHING AS AN INTEGRAL PART OF THEIR PATIENT CARE ACTIVITIES WITH REINFORCEMENT FROM THE UNIT SUPERVISOR. (N=2)	1) COMMUNICATE NEEDS TO - ASSISTANT DIRECTOR - DEPUTY DIRECTOR - DIRECTOR. 1) SPEAK TO ADMINISTRATOR ABOUT TRANSPORT FOR NURSES FROM ONE SITE TO ANOTHER WHEN WE HAVE MEETINGS. 1) EMPHASIZE THE NURSING DEPARTMENT POLICY REGARDING PATIENT TEACHING DURING ORIENTATION. 1) BUILD CRITERIA INTO NURSING DOCUMENTATION THAT WILL ENCOURAGE DOCUMENTATION OF TEACHING. 1) BUILD IN A REWARD SYSTEM ON THE UNIT LEVEL FOR PERFORMING PATIENT TEACHING, E.G., MENTION BY SUPERVISOR IN STAFF MEETINGS. 1) EDUCATE THE CLINICAL UNIT ADMINISTRATOR SUPERVISOR TO THE IMPORTANCE OF PATIENT EDUCATION. 1) HAVE UNIT SUPERVISOR RESPONSIBLE TO AD'S OF NURSING FOR THE PATIENT EDUCATION IN THEIR UNIT. 1) DEMONSTRATE TO UNIT SUPERVISOR AND NURSES THAT AN EDUCATED PATIENT NEEDS LESS TIME FOR CLINICAL CARE. 1) ENCOURAGE NURSES TO USE THE AVAILABLE RESOURCES, E.G., PATIENT EDUCATION DEPARTMENT - LITERATURE, FILMS.

III - GOAL: COORDINATION AND SURVEY

OF EXISTING PROGRAMS (N=1)

PERSONNEL

PROBLEMS	OBJECTIVES	STRATEGIES
1) KNOWLEDGE, BELIEFS, ATTITUDES OF DIRECTOR REGARDING PATIENT EDUCATION IS NEGATIVE.	1) TO DEFINE PROBLEM AND DETERMINE NEED FOR PATIENT EDUCATION TO CONVINCE HOSPITAL DIRECTOR OF NEED.	1) EVALUATE CURRENT PROGRAMS. 2) SURVEY STAFF FOR INTEREST. 3) ASSESS PATIENTS' NEEDS. 4) ASSESS STAFF CAPABILITIES - KNOWLEDGE, COORDINATION WITH REST OF TEAM.

APPENDIX B

STRAIGHTFORWARD LISTING OF PROBLEMS, OBJECTIVES AND ACTION STRATEGIES AS OFFERED BY CONFERENCE PARTICIPANTS.

I - ORGANIZATIONAL GUIDE TO FORCE FIELD ANALYSIS

FIRST LEVEL (NUMERICAL) IDENTIFIES GOAL: 1=COMPREHENSIVE PATIENT EDUCATION
2=INCREASED DOCUMENTATION
3=BETTER COORDINATION

SECOND LEVEL (ALPHABETICAL) IDENTIFIES MAJOR SUBGROUPINGS:

A=POLITICAL PROBLEM
B=POLITICAL OBJECTIVE
C=POLITICAL ACTION STRATEGIES
D=ORGANIZATIONAL PROBLEM
E=ORGANIZATIONAL OBJECTIVE
F=ORGANIZATIONAL STRATEGY
G=PERSONNEL PROBLEM
H=PERSONNEL OBJECTIVE
I=PERSONNEL STRATEGY
J=ECONOMIC PROBLEM
K=ECONOMIC OBJECTIVE
L=ECONOMIC STRATEGY

I - GOAL: IMPLEMENTATION OF COMPREHENSIVE PATIENT EDUCATION (N=19)

ANLAYSIS SECTION - PROBLEM STATEMENTS

POLITICAL:

1) NEED SUPPORT OF ADMINISTRATION TO HELP WIN A STRUGGLE FOR CONTROL OF PATIENT EDUCATION.

2) NEED ADMINISTRATION TO HELP THEM GET FUNDING.

3) NEED ADMINISTRATION'S SUPPORT.

4) NEED SUPPORT OF ADMINISTRATION BY SHARING RESULTS OF COST-EFFECTIVENESS STUDY AND IMPACT STUDY.

5) NEED MEDICAL BOARD SUPPORT FOR NEW PATIENT EDUCATION PROGRAM.

6) NEED MEDICAL BOARD SUPPORT VIA COST-EFFECTIVENESS STUDY.

7) NEED ADMINISTRATION'S SUPPORT.

8) NEED CHIEF EXECUTIVE OFFICER TO HELP IMPLEMENT PATIENT EDUCATION.

9) NEED ADMINISTRATION'S SUPPORT VIA STUDY.

OBJECTIVES RELATED TO PROBLEM STATEMENTS

POLITICAL:

1) GAIN SUPPORT FROM EXECUTIVE DIRECTOR IN FORM OF MANDATE DEMONSTRATION PROJECT HEAD, WHICH NOTIFIES HIM OF ROLE OF COORDINATOR; SECURE POSITION VIA FUND DRIVE.

2) CONDUCT STUDY, PRESENT COMPREHENSIVE PROPOSAL LISTING COST-BENEFITS TO MEDICAL BOARD TO GAIN SUPPORT FOR PATIENT EDUCATION.

3) CONDUCT STUDY - PRESENT COMPREHENSIVE PROPOSAL SHOWING COSTS-BENEFITS OF PATIENT EDUCATION DELIVERED TO ASTHMA PATIENTS IN OUT-PATIENT DEPARTMENT/ EMERGENCY ROOM (DEMONSTRATION PROJECT); STUDY USED TO CONVINCE MEDICAL BOARD.

4) IMPROVE COMMUNICATIONS AMONG DISCIPLINES BY GETTING NURSING ADMINISTRATION INVOLVED - PURPOSE IS TO GET CHIEF EXECUTIVE OFFICER SUPPORT FOR PATIENT EDUCATION COMMITTEE.

5) CONDUCT STUDY TO CONVINCE ADMINISTRATION ABOUT PATIENT EDUCATION.

6) BY TWO MONTHS WE WILL PRESENT TO MEDICAL BOARD, NURSING ADMINISTRATION AND EXECUTIVE DIRECTOR PROPOSAL ABOUT PATIENT EDUCATION LISTING EXPECTED BENEFITS AND LOW COST OF USING CURRENT STAFF TO DELIVER PATIENT EDUCATION.

7) GET APPROVAL OF POLICY STATEMENT CONCERNING PATIENT EDUCATION MATERIALS (ADOPTION, APPROVAL, DISTRIBUTION).

ACTION STRATEGIES TO ACCOMPLISH POLITICAL OBJECTIVES

1) NAME A PATIENT EDUCATION TASK FORCE.

1) MEET WITH PATIENT EDUCATION COMMITTEE (NURSING DEPARTMENT) TO ESTABLISH IMPORTANCE OF MULTI-DISCIPLINARY INVOLVEMENT AND ENLIST THEIR SUPPORT.

1) FORM A PATIENT EDUCATION COMMITTEE.

1) NURSES AND DOCTORS IN SPECIFIC CLINIC CASES FOR AD HOC COMMITTEE.

2) DO A RESEARCH ON AVAILABILITY OF LITERATURE ON PATIENT COST-EFFECTIVENSS, BED OCCUPANCY.

2) SOCIAL WORKER WILL RESEARCH ON OTHER COMMUNITY RESOURCES.

2) NURSE WILL SEARCH LITERATURE.

2) SOCIAL WORKER WILL RESEARCH ON OTHER COMMUNITY RESOURCES.

2) RESEARCH IN-HOSPITAL NURSING STAFF.

2) RESEARCH COMPARABLE NURSING STAFF AND UTILIZATION OF STAFF IN ANOTHER INSTITUTION.

2) RESEARCH OTHER INSTITUTIONS' PATIENT EDUCATION PROGRAM.

2) RESEARCH FOR RESOURCES FOR FREE OR LOW COST PATIENT EDUCATION MATERIALS.

2) IMPLEMENTATION OF PILOT STUDY IN O.P.D.

2) AD HOC COMMITTEE TO DO STUDY.

3) IDENTIFY A PERSON TO COORDINATE PROGRAM.

4) MEET WITH HEADS OF EACH DEPARTMENT TO PRESENT PROPOSAL.

5) REQUEST (NURSING) PATIENT EDUCATION COMMITTEE CHAIRPERSON TO RELATE.

6) MD IN CHARGE OF CLINIC WILL PRESENT TO MEDICAL BOARD.

7) IDENTIFY NEED FOR IMPROVED PATIENT EDUCATION PROGRAM.

8) CONTACT AUXILIARY TO ASSIST IN FUND RAISER.

8) PUT LID ON ANY FURTHER PROGRAM DEVELOPMENT UNTIL A BUDGET IS DEVELOPED.

8) DESIGN PROGRAMS TO ENTICE FINANCIAL SUPPORT FROM UNIONS AND LOCAL BUSINESSES.

8) IDENITFY A GRANTSMAN/WOMAN.

8) PASS THE HAT TO ALL DEPARTMENTS WHO WANT PUBLIC RELATIONS.

ORGANIZATIONAL

PROBLEMS:

1) NEED TO INCREASE COMMUNICATION BETWEEN DEPARTMENTS.

2) NEED TO FORM COMMITTEE TO DEVELOP DEMONSTRATION PROJECT.

3) CONDUCT STUDY CONTRACTING PATIENT EDUCATION'S EFFECT ON OUR HOSPITAL VS. COMPARABLE HOSPITAL.

4) NEED TO DEFINE ROLE OF PATIENT EDUCATION IN PATIENT CARE; BOARD WITH DEPARTMENT HEADS AND EDUCATIONAL DIRECTORS.

5) NEED TO IMPROVE COMMUNICATIONS; GET HOSPITAL POLICY.

6) IMPROVE COMMUNICATIONS.

7) INCREASE ACCOUNTABILITY OF OTHER DISCIPLINES BESIDES NURSING.

8) INCREASE COMMUNICATIONS BETWEEN COMMUNITY BOARD AND HOSPITAL STAFF AND ADMINISTRATION.

9) INABILITY TO MOBILIZE RESOURCES DUE TO DEFICITS IN TIME AND MONEY.

10) LACK OF A HOSPITAL-WIDE MULTI-DISCIPLINARY COORDINATED PATIENT EDUCATION EFFORT.

OBJECTIVES:

1) ARRANGE MEETING BETWEEN PATIENT EDUCATION STAFF AND KEY AMBULATORY CARE STAFF, TO CLARIFY RELATIONSHIP OF EACH.

2) BETTER COORDINATION OF PATIENT EDUCATION DONE BY HOSPITAL STAFF; GET SUPPORT OF COMMUNITY.

3) SURVEY HOSPITAL TO SEE WHAT'S GOING ON AND IF THINGS CAN BE COORDINATED.

4) BY TWO MONTHS, CONDUCT A MEETING OF MEDICAL DISCIPLINES, ADMINISTRATION, COMMUNITY BOARD, TO DISCUSS PATIENT EDUCATION AND IMPROVING COMMUNICATIONS.

5) BY ONE MONTH - ARRANGE MEETING OF STAFF, ADMINISTRATION AND COMMUNITY BOARD IN ORDER TO IMPROVE COMMUNICATION AND ESTABLISH PATIENT EDUCATION PROGRAM.

6) INVOLVE MANY DISCIPLINES IN PATIENT TEACHING BY GETTING ASSISTANCE FROM ADMINISTRATION.

7) INCREASE NUMBER OF NURSES DIRECTLY INVOLVED IN PATIENT EDUCATION HOSPITAL-WIDE POLICY STATEMENT OR PATIENT EDUCATION APPROVED BY MEDICAL BOARD.

ACTION STRATEGIES TO ACCOMPLISH ORGANIZATIONAL OBJECTIVE

1) REPORT OF TODAY'S INFORMATION WILL BE SHARED WITH AMBULATORY CARE SUPERVISOR/ NURSING SUPERVISOR.

2) MEETING WILL BE SUGGESTED BETWEEN PATIENT EDUCATION DEPARTMENT AND KEY AMBULATORY CARE STAFF

3) SUGGEST USE OF ONE PERSON-PATIENT EDUCATION SPECIALIST - AS CONTROL FIGURE WHO WILL COORDINATE ALL EFFORTS FROM AMBULATORY CARE AND OTHER AREAS.

4) PHYSICIAN COORDINATES A COMPREHENSIVE PROGRAM FOR PATIENT TEACHING.

5) NURSE IMPROVE HER SKILLS TO ALLOW FOR BETTER STANDARDS OF PATIENT TEACHING.

6) DIETITIAN - COOPERATE WITH MEDICAL AND NURSING STAFF IN THEIR GOAL FOR BETTER PATIENT TEACHING.

7) ADMINISTRATOR - IMPROVE THEIR STANDARDS OF ADMINISTRATION IN COORDINATION WITH OTHER STAFF MEMBERS IN ACHIEVING THIS GOAL.

8) SOCIAL SERVICE - IMPROVE COMMUNICATIONS IN AND OUT OF HOSPITAL SETTING.

9) CLERGY - PARTICIPATION IN COMMUNICATION AS WELL AS FUND RAISING PROGRAMS.

10) WITHIN THREE MONTHS FORMULATE A COMMITTEE TO DISCUSS THE FORMAT FOR IMPLEMENTING PATIENT TEACHING.

11) IDENTIFY MEMBER OF BOARD AND ADMINISTRATION WHO SUPPORT PATIENT EDUCATION.

12) APPROACH AND DISCUSS WITH EACH INDIVIDUAL IDENTIFIED - GOALS OF PATIENT TEACHING.

13) HAVE EACH INDIVIDUAL APPROACH THEIR RESPECTIVE GROUPS TO PROMOTE SUPPORT FOR PATIENT EDUCATION.

14) IDENTIFY MEMBERS OF EACH DISCIPLINE WHO IS IN FAVOR OF PATIENT EDUCATION.

15) IDENTIFY MEMBER OF BOARD WHO WE WILL INVITE TO THE MEETING.

16) WRITE PROPOSAL - TO PRESENT TO BOARD.

17) WRITE PATIENT EDUCATION PLAN.

18) PRESENT PATIENT EDUCATION PLAN AND PROPOSAL TO BOARD.

19) I MEET WITH CHAIRMAN OF COMMITTEE AND COMMITTEE MEDICAL DOCTOR TO DESIGN QUESTIONNAIRE.

20) COMMITTEE MD SUGGESTS OR RESEARCHES EVALUATION TECHNIQUES.

21) I SUGGEST ADDITIONAL MEMBERS BE APPOINTED TO THE CHE COMMITTEE.

22) COMMITTEE APPROVES QUESTIONNAIRE - ADDS, DELETES.

ORGANIZATIONAL OBJECTIVES CONTINUED

23) BOARD MEMBERS PRESENT INTERESTS TO THE BIG BOARD.

24) IN SERVICE EDUCATION - ONE PROGRAM.

25) CEO, M.D., SOCIAL WORKER, HEAD NURSE.

26) COMMITTEE FORMED FOR HEALTH PROFESSIONALS, ESPECIALLY ON DOCUMENTATION.

27) COMMUNICATE TO DIRECT SUPERIOR TO DISCUSS IMPLEMENTING PATIENT TEACHING - DISCUSS NEED.

28) FORMULATE MULTIDISCIPLINARY COMMITTEE TO DISCUSS PROBLEMS OF OUT-PATIENTS AFTER DISCHARGE, FOLLOW-UP AND THE PATIENT'S NEEDS, PATIENT'S LACK OF KNOWLEDGE OF CONDITION, ETC.

29) USE OF RESOURCES SUCH AS PHARMACEUTICALS, VARIOUS ORGANIZATIONS (HEART, DIABETES, EPILEPSY) - SOCIAL SERVICES USE OF PUBLIC FACILITY - COMMUNITY BOARD.

30) VP NURSE WILL FREE ONE NURSE FOR ONE MONTH TO:
*INVESTIGATE EXISTING MATERIAL AVAILABLE AT NO/LOW COSTS
*INVESTIGATE AVAILABLE FUNDING AND POSSIBLE PERSON TO WRITE PROPOSALS
*TAP EXISTING FINANCIAL RESOURCES
-DRUG COMPANIES
-VOLUNTEER ORGANIZATIONS
-INCOME FROM NURSING CONTINUING EDUCATION PROGRAMS DELIVERED TO OUTSIDE PARTICIPANTS
-USE OTHER PERSONNEL IN HOSPITAL WHO MAY HAVE EXPERIENCE OR KNOWLEDGE

31) DEVELOP SUB-COMMITTEES BY NURSING SERVICE; INVITATION TO COMMITTEE MEMBERSHIP - POSTERS, MEETINGS, LETTERS, ETC.; INTRODUCE DISCUSSION AT DEPARTMENT HEAD MEETINGS.

PERSONNEL

PROBLEMS:

1) ORGANIZE AND USE PEOPLE BETTER.

2) INSERVICE ABOUT PATIENT EDUCATION AND FUNDING.

3) USE HEALTH PROFESSIONALS TO FORM COMMITTEE.

4) EDUCATE STAFF ABOUT PATIENT EDUCATION.

5) IMPROVE NURSING (INCREASE?) IN ORDER TO INCREASE TIME.

6) GET SOCIAL SERVICES MORE INTO PATIENT EDUCATION.

OBJECTIVE:

1) EDUCATE, THEN INVOLVE MD'S IN ESTABLISHED PATIENT EDUCATION PROGRAMS.

ACTION STRATEGIES TO ACCOMPLISH PERSONNEL OBJECTIVE

1) ONCE MAJOR AREAS FOR PATIENT EDUCATION IDENTIFIED, ELLICIT SUPPORT FOR PARTICIPATION BY MEDICINE AND SURGERY.

2) CONTACT QUALITY ASSURANCE COORDINATOR (PHYSICIAN) TO ADD INFLUENCE IN ADOPTING PROGRAMS.

3) SINCE ALL MAJOR PATIENT EDUCATION PROGRAMS HAVE TO BE APPROVED THROUGH MEDICAL BOARD, COLLABORATE WITH CHIEF MEDICAL BOARD.

4) PROVIDE INCENTIVES FOR NURSES WHO ATTEND COMMITTEE ACTIVITY - HOSPITAL-WIDE RECOGNITION THROUGH HOSPITAL PUBLICATION, CREDITS ON FLYERS.

5) MANDATE ALL MIDDLE NURSING MANAGERS TO RELEASE EMPLOYEES WHO SIT ON COMMITTEE.

ECONOMIC

PROBLEM:

1) NEED FUNDS; GET CEO'S AND MD'S TO GET STATE FUNDS AND/OR LAUNCH COMMUNITY DRIVE TO RAISE FUNDS.

OBJECTIVE:

1) SHOW COST-EFFECTIVENESS OF PATIENT EDUCATION, THEN REQUEST FUNDING.

2) IMPROVE FUND RAISING CAPABILITY OF PATIENT EDUCATION

3) INVESTIGATE NEW RESOURCES (MONEY, MATERIAL, VOLUNTEERS) AND WAYS TO MOBILIZE EXISTING RESOURCES.

ACTION STRATEGIES TO MEET FUNDING OBJECTIVE

1) APPROACH INDIVIDUALS ALREADY INVOLVED IN SOME FORM OF PATIENT EDUCATION TO FORM COMMITTEE.

2) MS. X WILL PROVIDE LITERATURE TO BE PRESENTED.

3) MS. Y WILL PROVIDE INFORMATION ON PROGRAM AND RESOURCES AVAILABLE IN O.P.D.

4) MS. X WILL GET INTERESTED PHYSICIANS TO SPEAK TO MEDICAL BOARD.

5) MS. Z WILL APPROACH AUXILIARY DEPARTMENT REGARDING POSSIBILITY OF FUND RAISING FOR PATIENT EDUCATION.

6) MS. X WILL COORDINATE PROGRAM.

7) MS. Z WILL CONTACT PHARMACEUTICAL COMPANIES REGARDING FREEBEES.

8) MS. A WILL WRITE GRANT PROPOSALS.

9) INFORM ADMINISTRATION OF INTENT.

10) ENLIST ASSISTANCE OF PATIENT EDUCATION COMMITTEE IN DEVELOPING POLICY. ALSO INVOLVE HEALTH EDUCATION COMMITTEE. USE SAME SUBCOMMITTEE FOR CARRYING OUT POLICY.

11) IDENTIFY APPROPRIATE LINES OF COMMUNICATION (CENTRAL COORDINATION TEAM AS ABOVE).

12) IDENTIFY APPROPRIATE APPROVAL MECHANISM WITH HELP OF ADMINISTRATION.

13) WRITE A POLICY.

14) SUBMIT POLICY TO POLICY COMMITTEE FOR APPROVAL.

15) DISTRUBUTION WITH PROMOTION TO AWARENESS (THROUGH USUAL POLICY COMMITTEE METHODS).

16) USE MEMBERS OF SUBCOMMITTEES TO IMPLEMENT POLICY.

II - GOAL: TO INCREASE THE STATUS OF PATIENT EDUCATION THROUGH INCREASED DOCUMENTATION (N=2)

PERSONNEL

PROBLEMS:

1) LACK OF IMPORTANCE BY NURSING STAFF FOR IMPLEMENTING PATIENT EDUCATION.

2) STAFF NURSES DO NOT SEE PATIENT EDUCATION AS EQUALLY IMPORTANT AS CLINICAL CARE SINCE UNIT SUPERVISORS DO NOT SEE IT SO.

3) NEED TO CONVINCE THE NURSING SUPERVISOR THAT WE NEED CONTINUING EDUCATION IN PATIENT EDUCATION.

OBJECTIVES:

1) TO HAVE STAFF NURSES IN THE INPATIENT NURSING DIVISION TO PERFORM AND DOCUMENT PATIENT TEACHING AS AN INTEGRAL PART OF THEIR PATIENT CARE ACTIVITIES WITH REINFORCEMENT FROM THE UNIT SUPERVISOR.

2) PREPARE POINTS TO DISCUSS WITH THE NURSING SUPERVISOR TO SHOW THAT OUR JOBS WOULD BE MORE INTERESTING.

ACTION STRATEGIES TO ACCOMPLISH PERSONNEL OBJECTIVE

1) COMMUNICATE NEEDS TO - ASSISTANT DIRECTOR - DEPUTY DIRECTOR - DIRECTOR

2) COMMUNICATE NEEDS TO MULTIDISCIPLINARY - DIRECTORS OF DIETARY, PHARMACY, MEDICAL SERVICE, NURSING SERVICE, SOCIAL SERVICE, ETC.

3) CONTACT RESOURCE GROUP - PHARMACEUTICAL COMPANY, ASSOCIATION.

4) CONTACT AUXILIARY GROUP AND CEO FOR FUNDING.

5) GET A GROUP TOGETHER TO FIND NEEDS OF SITE.

6) SPEAK TO ADMINISTRATOR ABOUT TRANSPORT FOR NURSES FROM ONE SITE TO ANOTHER WHEN WE HAVE MEETINGS.

7) EMPHASIZE THE NURSING DEPARTMENT POLICY REGARDING PATIENT TEACHING DURING ORIENTATION.

8) BUILD CRITERIA INTO NURSING DOCUMENTATION THAT WILL ENCOURAGE DOCUMENTATION OF TEACHING.

9) BUILD IN A REWARD SYSTEM ON THE UNIT LEVEL FOR PERFORMING PATIENT TEACHING, E.G., MENTION BY SUPERVISOR IN STAFF MEETINGS.

10) EDUCATE THE CLINICAL UNIT ADMINISTRATOR SUPERVISOR TO THE IMPORTANCE OF PATIENT EDUCATION.

ACTION STRATEGIES TO ACCOMPLISH PERSONNEL OBJECTIVE CONTINUED

11) HAVE UNIT SUPERVISOR RESPONSIBLE TO AD'S OF NURSING FOR THE PATIENT EDUCATION IN THEIR UNIT.

12) DEMONSTRATE TO UNIT SUPERVISOR AND NURSES THAT AN EDUCATED PATIENT NEEDS LESS TIME FOR CLINICAL CARE.

13) ENCOURAGE NURSES TO USE THE AVAILABLE RESOURCES, E.G., PATIENT EDUCATION DEPARTMENT - LITERATURE, FILMS.

III - GOAL: COORDINATION AND SURVEY OF EXISTING PROGRAMS (N=1)

PERSONNEL

PROBLEM:

1) TO CHANGE KNOWLEDGE, BELIEFS, ATTITUDES OF DIRECTOR REGARDING PATIENT EDUCATION.

OBJECTIVES:

1) TO DEFINE PROBLEM AND DETERMINE NEED FOR PATIENT EDUCATION TO HOSPITAL DIRECTOR.

ACTION STRATEGIES TO ACCOMPLISH PERSONNEL OBJECTIVE

1) ADMINISTRATOR TO MEET WITH DIRECTOR ; ..SCUSS PATIENT EDUCATION.

2) MEDICAL AND NURSING DIRECTORS SHOULD HAVE ALREADY SPOKEN WITH ADMINISTRATOR.

3) EVALUATE CURRENT PROGRAMS.

4) SURVEY STAFF FOR INTEREST.

3) ASSESS PATIENTS' NEEDS.

6) ASSESS STAFF CAPABILITIES - KNOWLEDGE, COORDINATION WITH REST OF TEAM.

APPENDIX C

LIST OF PATIENT EDUCATION CONSORTIUM

MEMBERS AVAILABLE TO ACT AS CONSULTANTS.

CERTAIN MEMBERS OF THIS CONSORTIUM ARE AVAILABLE TO ACT EITHER AS INDEPENDENT CONSULTANTS OR AS REPRESENTATIVES OF THEIR AGENCIES TO HELP FOSTER PATIENT EDUCATION. THESE INDIVIDUALS ARE:

NAME	ADDRESS & PHONE	COMMENTS
DIANE URBAN	WORLD FEDERATION OF HEALTH AGENCIES FOR THE ADVANCEMENT OF VOLUNTARY SURGICAL CONTRACEPTION 122 EAST 42 ST. NEW YORK, NY 10168 (212) 573-8338	FROM CONCEPT TO COMPLETION, I PRODUCE EXCELLENT PRINT AND ELECTRONIC HEALTH EDUCATION MATERIALS. I RAISE FUNDS, HIRE AND SUPERVISE TECHNICAL STAFF, WRITE SCRIPTS, DIRECT, EDIT, AND MARKET MATERIALS. I ALSO DO RESEARCH AND WRITE SUBSEQUENT ARTICLES AND PROPOSALS. I COORDINATE DOMESTIC AND INTERNATIONAL CONFERENCES. I AM AVAILABLE FOR SHORT AND LONG-TERM PROJECTS IN THE U.S. AND ABROAD.
RANDI MOSKOWITZ	BROOKLYN COMMUNITY HOSPITAL ONCOLOGY PROGRAM, THE METHODIST HOSPITAL 506 SIXTH ST. BROOKLYN, NY 11215 (212) 780-3295	AREAS OF EXPERTISE AND INTEREST ARE: 1) DEVELOPMENT OF EDUCATIONAL PROGRAMS IN THE AREAS OF CANCER PREVENTION (FOR BOTH THE PUBLIC AND HEALTH PROFESSIONAL). 2) EDUCATION PROGRAMS FOR NURSES IN THE FIELD OF ONCOLOGY. 3) DEVELOPMENT OF COUNSELING PROGRAMS FOR CANCER PATIENTS AND THEIR FAMILIES. 4) DEVELOPMENT OF EDUCATIONAL PROGRAMS FOR PATIENTS AND HEALTH PROFESSIONALS FOR CARE OF THE TERMINALLY ILL PATIENT. 5) GRANT PROPOSAL WRITING.
CAROLE N. SCHAFFER, R.D., M.S.	DAIRY COUNCIL OF METROPOLITAN NY, INC. 60 EAST 42 ST. NEW YORK, NY 10165 (212) 682-7961 NASSAU-(516) 794-2180 SUFFOLK-(516) 654-1161 WESTCHESTER-(914) 328-0958	NUTRITION EDUCATION AND INFORMATION SERVICES PROVIDED TO HEALTH PROFESSIONALS, EDUCATORS AND COMMUNITY LEADERS BY STAFF NUTRITIONISTS WHO HAVE MASTERS DEGREES AND ARE REGISTERED DIETITIANS(R.D.). WORKSHOPS, SEMINARS, SPECIAL PROGRAMS AND NUTRITION EDUCATION MATERIALS, EXHIBITS AND FILMS AVAILABLE FOR GROUPS OF ALL AGES.
JAMES CORRY, PH.D.	DIRECTOR, DIVISION OF CONSUMER/PATIENT EDUCATION, MOUNT SINAI SCHOOL OF MEDICINE, ONE GUSTAVE L. LEVY PLACE, NEW YORK, NY 10029 (212) 650-6737	AVAILABLE FOR PROFESSIONAL INSERVICE ON THE TOPICS OF: ADULT LEARNING, PATIENT COMPLIANCE, USE OF MEDIA, COMMUNICATION SKILLS, COMMUNITY EDUCATION, AND ORGANIZATIONAL CHANGE.

NAME	ADDRESS AND PHONE	COMMENTS
STEPHANIE LEDERMAN	DIRECTOR, HEALTH SERVICE DEPARTMENT AMERICAN RED CROSS OF GREATER NEW YORK 150 AMSTERDAM AVENUE NEW YORK, NY 10023 (212) 870-8805	AREA OF EXPERTISE: DEVELOPMENT OF GERONTOLOGICAL HEALTH EDUCATION PROGRAMS; ADULT LEARNING MODULES, WORKSHOPS, STAFF TRAINING AND MATERIAL DEVELOPMENT. DEVELOPMENT OF EDUCATIONAL PROGRAMS IN ALL AREAS OF PREVENTIVE MEDICINE.
MYRA BRYCE RICHARDSON	DIRECTOR OF CHILD CARE LEARNING CENTER DIRECTOR, PATIENT AND COMMUNITY HEALTH EDUCATION HACKENSACK MEDICAL CENTER HACKENSACK, NJ 07601 (201) 441-2051/2061	AREAS OF EXPERTISE AND INTEREST ARE: 1) DEVELOPMENT OF EDUCATIONAL PROGRAMS IN AREA OF DIABETES, CORONARY CARE, FAMILY HOME CARE AND SCHOOL NURSING, FOR BOTH COMMUNITY AND PROFESSIONALS. 2) THE ''BUILDING OF A DAY CARE'' (INFANTS - PRESCHOOLS) ON SITE NEAR THE HOSPITAL. 3) WRITE AND EDITING COPY
ROSEMARY MURRAY, M.S., R.N.	DIRECTOR, THE MOUNT SINAI HOSPITAL SCHOOL OF CONTINUING EDUCATION IN NURSING ONE GUSTAVE L. LEVY PL. NEW YORK, NY 10029 (212) 650-5704	CONTINUING EDUCATION/STAFF DEVELOPMENT IN NURSING. PATIENT EDUCATION - PROGRAM DEVELOPMENT
JEFF DANILO, M.S.	SENIOR HEALTH CARE PLANNER METROPOLITAN HOSPITAL 1901 FIRST AVENUE NEW YORK, NY 10029 (212) 360-7275	AVAILABLE FOR PROFESSIONAL CONSULTATION ON: HEALTH EDUCATION PROGRAM PLANNING, ORGANIZATIONAL DEVELOPMENT AND COMMUNITY DEVELOPMENT.